

CLAIMS ONLY

Application Number
101650086

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1			/							
2			/							
3			/							
4			/							
5			/							
6			/							
7			/							
8			—	—						
9			/							
10	2		2							
11			/							
12			/							
13	2		2							
14	2		2							
15	2		2							
16	2		2							
17			/							
18			/							
19			/							
20	2		2							
21	2		2							
22			1							
23			1							
24	2		2							
25	2		—	—						
26			1							
27			1							
28			1							
29			1							
30			1							
31	1		1							
32	1		1							
33	1		1							
34	1		1							
35	1		1							
36	1		1							
37	1		1							
38	1		1							
39	1		1							
40	1		1							
41	1		1							
42	1		—	—						
43	1		1							
44	1		1							
45	1		1							
46	2		2							
47			1							
48			1							
49			1							
50	1		1							
Total Indep										
Total Depend										
Total Claims										

8 11
 16 71
 84 82